

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18552

State File No.

FILED MAY 18 1948

Registration District No. 51

Primary Registration District No. 3048

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks (Specify whether
In this community 8 weeks years, months or days)

3. (a) PRINT

FULL NAME Marion W. Hunt

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lucy Hunt 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 17 1863 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 28 hr. min.

9. Birthplace Nodaway County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

12. Name Lyman Hunt

13. Birthplace unknown New York (City, town, or county) (State or foreign country)

14. Maiden name Harriet D. Burroughs

15. Birthplace unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Alfred Hunt

(b) Address Maryville Missouri

17. (a) burial (b) Date thereof 4-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation sweet Hope Cemetery Ravenwood Mo

18. (a) Signature of funeral director Prize Funeral Home

(b) Address Maryville Mo

19. (a) 4-28-43 (b) Mary Cade (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Ravenwood (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1943 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from April 1 1943
to April 14 1943
that I last saw him alive on April 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Senility

Due to

Anemia

Arterio-Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature W. R. Jackson (M. D. or other)
Address Maryville, Mo Date signed 4-14-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Clara M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Mayville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.